CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMM | - 0 |
|--|--|
| | ct Tim Carroll Sheriff |
| 2.b. IF COMMITTEE, NAME OF CANDIDATE | 3. ELECTION DATE |
| Tim CamoTI | May 6,2014 |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City Sta | ate Zip Code Phone |
| 0.00 | N 37379 423-421-5495 |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) | 10 51511 705721 5115 |
| Street or Rural Route City Sta | ate Zip Code Phone |
| Same | |
| 10 0 0 11:00 11 11:00 10 | OLITICAL TREASURER (may be candidate) |
| | erri Anderson |
| 7. CATEGORY OR REPORT (Check one) | |
| FIRST SECOND THRD FOURTH PRE- | PRE- MID-YEAR YEAR-END |
| | SENERAL SUPPLEMENTAL SUPPLEMENTAL E OF REPORTING PERIOD |
| 8/1/13 | 30/13 |
| 9. (Check one) | |
| a. This campaign is exempt from detailed disclosure because contributions (incl | luding in-kind) received total \$1,000 or less AND expendi- |
| tures total \$1,000 or less for this reporting period. (Complete items 12d., 12e | |
| b. 💢 This campaign is required to file a detailed financial disclosure because contr | ributions (including in-kind) received total more than \$1,000 |
| and/or expenditures total more than \$1,000 for this reporting period. | |
| | |
| 10. I/we do solemnly swear or affirm that the information contained in this campaign fi accurate accounting of campaign contributions and expenditures required to be rep | |
| Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contril | butions have been expended for the personal financial |
| benefit of the candidate or for any other nonpolitical purpose as defined by the fede | eral internal revenue code. |
| Ven (mull 10/01/2013 1) | 10811 (Ala Dec. 101/12 |
| the state of the s | signature of political treasurer date |
| | |
| 11. WITNESS SIGNATURE | |
| Dec 0115 1/1/12 1/2 | ma 2 1 |
| 101115 TR | 191/13 |
| signature of witness date | signature of witness date |
| 12. SUMMARY | |
| | ct |
| a. BALANCE ON HAND LAST REPORT | s |
| b. TOTAL RECEIPTS THIS PERIOD | s 9941.00 |
| | 2200 17 |
| c. TOTAL DISBURSEMENTS THIS PERIOD | |
| RALANCE ON HAND (12 a plus 12 b minus 12 a) | 7618.83 |
| d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) | s 7618,83 s 6,050,00 |
| TOTAL LOANS OUTSTANDING | 61020.00 |
| P C | ~/ |
| 1_ TOTAL OBLIGATIONS OUTSTANDING | <u> </u> |
| 10 8 | V |
| e c | 1 |
| 8S-1109 (Rev. 2/06) | Page 1 of RDA 1159 |

SUMMARY PAGE - CANDIDATE

| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) | 14. REPORT COVERING THE PERIOD |
|--|---|
| TIM COUNTIL | FROM: 8/1/13 TO: 9/30/13 |
| RECEIPTS 15. CONTRIBUTIONS (other than loans and interest) | |
| a. Unitemized Contributions (\$100 or less from each source this perio | d)s 691.00 |
| b. Itemized Contributions (over \$100 from each source this period) | \$ 3200.00 |
| c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. | and 15.b.) \$ 3891.00 |
| 16. LOANS RECEIVED THIS REPORTING PERIOD | \$ 6050.00 |
| 17. INTEREST RECEIVED THIS REPORTING PERIOD | \$ |
| 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 1. | 2.b.) |
| DISBURSEMENTS | |
| 19. EXPENDITURES (other than loan payments) | |
| a. Expenditures (\$100 or less each payee this period) (must be listed by | category - e.g., printing, postage, gasoline) |
| Bank Fees | \$ 37.48 |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | 2748 |
| Total of Expenditures (\$100 or less each payee)b. Itemized Expenditures (Over \$100 each payee this period) | |
| | |
| c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and | |
| 20. LOAN REPAYMENTS MADE THIS PERIOD | Ψ |
| 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in iter | 11 12.c.) |
| 22.IN-KIND CONTRIBUTIONS | |
| a. Unitemized in-kind contributions (\$100 or less from each source this p | period) \$ |
| b. Itemized in-kind contributions (over \$100 from each source this period | |
| c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 2: | 2.a. and 22.b.)\$ |
| 23. OBLIGATIONS | |
| a. Unitemized Obligations Outstanding (\$100 or less each) | |
| b. Itemized Obligations Outstanding (Over \$100 each) | |
| c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be | e shown i item 12.f.)\$ |



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | 2. REPORT COVER | |
|--|--|-------------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE | FROM: 8/1/13 | |
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING F | PAGE (enter \$0 if first itemized page) | Amount |
| TOTAL TEMIZED CAMPAIGN CONTRIBUTIONS TROM TREBEBBBB COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION | N (contributions totaling more than \$100 from any contributor | к) |
| Middle Name | Contribution Received For: | Amount of Contribution |
| Last Name/Organization Name | Primary Election 🔀 General Election | 250.00 |
| Last Name/Organization Name | The sett the set Floritons (Only) | 250. |
| Address 6822 Chismick DV | Runoff (Local Elections Only) | |
| City Chattanaga State 71 21pCode, 37421 | Date of Contribution | Aggregate This Election |
| Cocupation | 8/31/13 | 250.00 |
| RN | 015/15 | |
| employer ameria Inc. | | |
| First Name Roll Name Middle Name | Contribution Received For: | Amount of Contribution |
| Last Name/Organization Name | Primary Election General Election | 500.00 |
| Dodd | Runoff (Local Elections Only) | 50. |
| Address Spitzy Lane | | Aggregate This Election |
| City Soddy Daisy State Zip Code TN 37379 | Date of Contribution | Aggregate The clouds |
| Commenter | 0/21/12 | 500.00 |
| Police officer | 8/31/13 | |
| Cityof Chattanooga | | |
| First Name Middle Name | Contribution Received For | Amount of Contribution |
| Last Name/Organization Name | Primary Election General Election | 200.00 |
| Snyder | Runoff (Local Elections Only) | 200. |
| 5353 WILLOW POINT LUNE State Zip Code | Date of Contribution | Aggregate This Election |
| City Harrison Tin 3734 | | |
| Decupation police officer | 8 31/13 | 200.00 |
| -mplove: | | |
| City of Chattanooga | Contribution Received For. | Amount of Contribution |
| First Name Micone Name | | |
| Last Name/Organization Name Steelm CV | Primary Election General Election | 250.00 |
| | Runoff (Local Elections Only) | |
| City Condata, Design State 1 Zin Code | Date of Contribution | Aggregate This Election |
| Sady Larry TN 51379 | | 250.00 |
| Docupation Re-tired | 8/31/13 | L.W. |
| Employer | | |
| TOTAL ITEMIZED CONTRIBUTIONS | | 15 05 |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry torward to item 3, of next page if additional pages of this form are used.) (Carry torward to item 3, of next page if additional pages of this form are used.) | | 1200.60 |
| (If this is the last page of contributions, this amount must be shown in item 15b, of summar | ry.) | |

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | M71 | | | 2. REPORT COVER FROM: 8/1/13 | TO: 9/30/13 |
|---|-------------|-------------------|--|------------------------------|-------------------------|
| 3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI | | | E (enter \$0 if first itemized p | page) | Amount 1200.00 |
| 4 COMPLETE THE APPROPRIATE ITEMS FOR EA | | | ontributions totaling more than | | |
| First Name Figure 1 Last Name/Organization Name Cooper Address Address | Middle Name | al | Contribution Received For: Primary Election Runoff (Local Election | General Election | Amount of Contribution |
| Address 5355 Fairne City Hyson Cocupation Retired Employer | State TN | Zip Code 37343 | Date of Contribution 8 3 | /13 | Aggregate This Election |
| First Name JOHN Last Name/Organization Name GY AUT Address SOI LANCASTER A | Middle Name | 3 | Contribution Received Fo | General Election | Amount of Contribution |
| City Chattanooga Occupation Customer Re Employer Miller Indi | State | Zip Code 37415 | Date of Contribution | 13 | Aggregate This Election |
| First Name | Middle Name | | Contribution Received Fo | or: | Amount of Contribution |
| Last Name/Organization Name Address | | | Primary Election | General Election | |
| City Occupation Employer | State | Zip Code | Date of Contribution | | Aggregate This Election |
| First Name | Middle Nan | ne | Contribution Received Fo | ır. | Amount of Contribution |
| Last Name/Organization Name Address | | | Primary Election | General Election | |
| City | State | Zip Code | Date of Contribution | | Aggregate This Election |
| Occupation Employer | | 1 | | | |
| TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3, of next page if additional page (if this is the last page of contributions, this amount mu.) | | | | | 3200.00 |

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | A | | | 2. REPORT COVER | TO: 9/30/13 | | |
|--|--|---------------------|------------------------|-----------------------------|-----------------------|--|--|
| TIM | Can | | | 0,7,0 | Amount | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) | | | | | | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR E | ACH ITEMIZ | ZED EXPENDITURE (ex | | to any payee during the per | Amount of Expenditure | | |
| First Name | Middle Nam | ne . | Purpose of Expenditure | | Amount of Exponential | | |
| Last Name/Business Name 1 Mage Works Phi Address 3530 S. Broad & | | | campaig Stick | 409.69 | | | |
| First Name | Middle Nam | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| | Wally's Restaurant ess 6521 Ringgold Rd State Zip Code | | | Breakfast Meeting | | | |
| First Name | Middle Nan | | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name CHUIC DEVELOPIN Address City | State TN | Zip Code 37343 | Website | , | 1,100,00 | | |
| First Name | Middle Nam | | Purpose of Expenditure | Amount of Expenditure | | | |
| Lii2i Maille | | | | | | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | Amount of Expenditure | | | |
| Last Name/Business Name | | | and the said and the | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| Only | | | | | Amount of Expanditure | | |
| First Name | Middle Nan | ne | Purpose of Expenditure | | Amount of Expenditure | | |
| Last Name/Business Name | | | | | | | |
| Address | | | | | | | |
| City | State | Zip Code | | | | | |
| TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu | are used.) | | | 2284.69 | | | |

ITEMIZED STATEMENT OF LOANS - CANDIDATE

| 1. NAME OF CANDIDATE OR COMMITTEE | | | | | | | REPORT | | NG THE PERIOD TO: |
|--|--------------------|----------|-------------------------------|---|-------------------|---------------|-----------------|-------------------|--|
| Tim C | erms | 1 | | | | | | 3 | 9/30/1 |
| 3. COMPLETE THE APPROPRIATE ITEMS | OR EACH IT | EMIZE | D LOAN (I | oans totaling n | nore than \$100 | from any sour | ce during the p | eriod) | |
| Complete the Following for the Source of the Loan | | | | | | | | | |
| First Name Middle Nar | ne | (| Outstanding L (Beginning o | | Loans Received | S F | Loan ayments | | anding Loan Balance (End of Period) |
| Tim | | | (beginning c | | | | (D) | 10 | 1050.00 |
| Last Name/Organization Name | | | 4 |) | 6,05 | 0.1 | - | | 1000 |
| | DUCT | | Loan Receive | | General | Clastics | Date of Lo | | |
| Address a12 Rose Mane C | Zip Code | - | ☐ Primary | | | Election | 6 | 3/20 | /13 |
| SONOLIDAIS TN | 3737 | 9 | - | Local Elections | | nlease atta | ch a page) | | |
| List All Endo | rsers or Guara | | Above Loa | First Name | ace is needed | please atta | on a pago, | Middle | Name |
| First Name | Middle Name | | | | | | | | |
| Last Name/Organization Name | | | | Last Name/Or | ganization Nam | 16 | | | |
| Address | | | | Address | | | | | |
| | State | Zip Cod | de . | City | | | | State | Zip Code |
| City | Olbio | | | | 16.11 | 1. | | | |
| Amount Guaranteed Outstanding | | | | Amount Guara | anteed Outstand | aing | | | |
| First Name | Middle Name | | | First Name | | | | Middle | Name |
| | | | | | | | | | |
| Last Name/Organization Name | | | | Last Name/O | rganization Nan | ne | | | |
| Address | | | | Address | | | | | |
| City | State | Zip Coo | de | City | | | | State | Zip Code |
| | | | | Amount Guar | anteed Outstan | ding | | | |
| Amount Guaranteed Outstanding | | | | Timophi Gdai | | | | | |
| First Name | Middle Name | 9 | | First Name | | | | Middle | e Name |
| Last Name/Organization Name | | | | Last Name/O | rganization Nar | ne | | | |
| | | | | Address | | | | | |
| Address | | | | | | | | Ctata | Zip Code |
| City | State | Zip Co | de | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | Amount Guar | anteed Outstan | ding | | | |
| | Middle Name | 9 | | First Name | | | | Middle | Name |
| First Name Middle Name | | | | Last Name/Organization Name | | | | | |
| Last Name/Organization Name | | | | Last Name/C | nyamzawii Nai | me | | | |
| Address | | | | Address | | | | | |
| City | State | Zip Co | ode | City | | | | State | Zip Code |
| Amount Guaranteed Outstanding | | | | Amount Gua | ranteed Outstar | nding | | | |
| 1.7 (1.5 III) / 1.5 1.5 1.5 | of itamizad los | ane) | | Outstanding | Loan Balance | Loans | | _oan | Outstanding Loan Ba |
| 4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) | | | | (Beginning of Period) Received Payments (End of Period) | | | | | |
| (Total loan payments should also be shown in item 20. (Total loutstanding loan balance should also be shown in item 20.) | tem 12.e. on front | l page.) | | (| ν | 6,050 |).00 (| \mathcal{D}_{-} | 6,050.0 |
| | | | | | | 1 0 | . 10 | | DD 1 1151 |

